

## POWER OF ATTORNEY

I, Samuel D. Scruggs, hereby certify that I am an officer of Huntsman Advanced Materials Americas Inc. (the "Corporation"), a corporation duly organized, validly existing, and in good standing under the laws of the State of Delaware, in the United States of America, with the authority to and hereby grant, on behalf of the Corporation:

Philippus Johannes Leoniardus Henricus Baken,  
Anne Marie Swinnen,  
Colette Baruh,  
Sarah Wijns,  
Daniele Hoffmann,  
Robert Joannes Cornelius Kerkhofs,  
Russell Robert Stolle, Reg. No. 33,038  
Ron David Brown, Reg. No. 37,101  
Nicole Graham, Reg. No. 47,852  
Robert Holthus, and Reg. No. 50,347  
Edward Korompai Reg. No. 55,344

The power to act in the name of the Corporation, and on behalf of the Corporation, to execute, acknowledge, verify, file, record and cause to be published all notices, agreements, instruments, deeds, certificates, applications, and all other documents that shall be necessary or advisable for the purpose of procuring, transferring, assigning, licensing, or discharging intellectual properties (collectively and separately including patents and patent applications, trademarks and trademark applications, copyrights and copyright applications and know-how, in particular trade secrets) of all types and in all jurisdictions (hereinafter collectively "the Purpose"); and to:

- (i) appoint attorneys or agents in any and all jurisdictions, including other persons within the Corporation, and delegate to or revoke from them the same powers hereinbefore conferred, or any portion thereof, as deemed necessary or advisable for the promotion of the Purpose;
- (ii) make, authorize, and receive payments, on its behalf, which may be deemed necessary or advisable for the promotion of the Purpose; and
- (iii) generally to sign, execute, give and accept all such papers, communications and other items as may be necessary or advisable for the promotion of the Purpose.

IN WITNESS WHEREOF, the Corporation has executed this certificate and Power of Attorney to be effective as of October 17, 2005

Huntsman Advanced Materials Americas Inc.

By:

Date:

  
October 20, 2005

**DECLARATION FOR PATENT APPLICATION**

As an undersigned inventor, I hereby declare that:

My residence, post office address and country of citizenship are as stated directly below my name.

I believe (check one) ☒ I am the original, first and sole inventor

☐ I am a joint inventor and the below named inventors are the original and first inventors

of the subject matter which is claimed and for which a patent is sought on the invention entitled

**TWO COMPONENT CURABLE COMPOSITIONS**

the specification of which

(check one) ☐ is attached hereto.

☒ was filed on

as Application Serial No. PCT/EP2004/052765

and was amended on \_\_\_\_\_ (if applicable).

I further declare that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office (hereinafter "the Office") all information known to me to be material to patentability of the subject matter which is claimed as defined in 37 C.F.R. §1.56.

I hereby claim provisional and/or foreign priority benefits under 35 U.S.C. §119 of any provisional and/or foreign application(s) for patent or inventor's certificate indicated below and have also identified below any provisional and/or foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed, all of which have been filed by me or by the assignee:

Provisional/Prior Foreign Application(s)			Priority Claimed	
Number	Country	Day/Month/Year Filed	Yes	No
<u>03256951.9.</u>	<u>EP</u>	<u>04 November 2003</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I

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acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)
_____	_____	_____
_____	_____	_____

Address all telephone calls to ~~Russ R. Stolle~~ at telephone number ~~(512) 483-0170~~.

ROBERT HOLTHUS

281-719-4553

Address all correspondence to:

~~Legal Department  
HUNTSMAN LLC  
Post Office Box 15730  
Austin, TX 78761  
(512) 483-0015  
(512) 483-0933 (Fax)~~

NEW ADDRESS

Legal Department  
HUNTSMAN CORPORATION  
10003 Woodloch Forest Drive  
The Woodlands, TX 77380  
(281) 719-4829  
(281) 719-4045 (Fax)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor MILLER Michelle

Inventor's Signature *Michelle Miller*

17th Nov 2005  
Date

Residence 18 Brentgovel Street, Bury St Edmonds, Suffolk IP33 1EB, GB

Citizenship GB

Post Office Address Same as above

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Full name of second joint inventor, if any \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fourth joint inventor, if any \_\_\_\_\_

\_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_